# Guidance document for processing PM-JAY packages

## Scalp avulsion reconstruction

**Procedures covered: 1** **Specialty:** Plastic & Reconstructive Surgery

| Package name | Procedure name | HBP 1.0 code | HBP 2.0 code | Package price (INR) |
|---|---|---|---|---|
| Scalp avulsion reconstruction | Scalp avulsion reconstruction | S1000006 | SP005A | 50000 |

**ALOS:** 5 Days
**Minimum qualification of the treating doctor:**
**Essential:** MCh/DNB - Plastic Surgery/ Reconstructive Surgery

**Special empanelment criteria/linkage to empanelment module:** Care at Tertiary Hospital

**Disclaimer:**

For monitoring and administering the claim management process of **Scalp avulsion reconstruction,** NHA shall be following these guidelines. This document has been prepared for guidance of PROCESSING TEAM and TRANSACTION MANAGEMENT SYSTEM of AB PM-JAY for the claims of procedures mentioned above. The hospitals can also refer to this document so that they have the insight on how the claims will be processed. However, this document doesn't provide any guidance on clinical and therapeutic management of patient. In that respect the hospitals and physicians may refer to other relevant material as per the extant professional norms.

## PART I: GUIDELINES FOR CLINICIANS AND HEALTHCARE PROVIDERS

### 1.1 Objective:

The purpose of this section is to act as a guidance & a clinical decision support tool for the clinicians in deciding the line of treatment, plan clinical management of patient and decide referral of cases to the appropriate level of care (as required) for treatment of patients under PMJAY and selection of corresponding Health Benefit Package.

It will also serve as a tool for hospitals to determine and submit the mandatory documents required for claiming reimbursement of health benefit package under PMJAY.

**1.2 Clinical key pointers:** Proceed for Surgery only if diagnosis made is backed by clinical signs, symptoms, examination.

Scalp avulsion is a rare but severe injury and usually happens as an industrial accident.

- Scalp avulsion resulting from hair entrapment in a rotating machine
- Commonly occurring in Indian females working with industrial and agricultural machines.

**Indications:**

- Scalp usually separates where the scalp skin is thin and the cleavage line most commonly located in loose areolar and relatively less vascular tissue.
- The periosteum is frequently found to be intact and rarely patient present with skull bone fracture.
- Patients might present with partial or total loss of one or both ears along with the scalp.

**Management:**

- In Indian settings when these patients coming late to the hospitals, where replantation is not possible and scalp reconstruction remains the only available option.
- Reconstruction of large scalp defects present with some challenging problems.
- Scalp avulsion injury leave distinctly a large area demanding large flap for cover.
- Blood vessels are stretched and damaged because of avulsion injury; a flap with long pedicle is needed if we are to avoid the use of vein graft.

**Staging system for forehead and scalp defects**

| Stage | Forehead Defects ($cm^2$) | Recommendation | Scalp Defects ($cm^2$) | Recommendation |
|---|---|---|---|---|
| IA | <50 | Primary closure or local flap | <200 | Primary closure or local flap |
| IB | <50 (with Heavy trauma, osteomyelitis or osteoradionecrosis, previous radiation or radiation ulcer, previous local flap failure, and radical postoperative radiation) | Scapular free flap | <200 (with Heavy trauma, osteomyelitis or osteoradionecrosis, previous radiation or radiation ulcer, previous local flap failure, and radical postoperative radiation) | Rectus abdominis or latissimus dorsi free flap (muscles only) with STSG |
| II | >50 | Scapular free flap | 200-600 | Latissimus dorsi muscle free flap with STSG |
| III | >50 (with a Scalp defect) | Scapular free flap or latissimus free flap with STSG | >600 | Two latissimus dorsi muscle free flaps with STSG |

STSG: Split-thickness skin graft

Gurdayal Singh Kalra et.al. 2013

**A wide variety of techniques has been used which Includes:** Primary closure, Vacuum-assisted closure, Replantation, Skin grafting, Local flaps, Serial excision, Scalp extender surgery, Hair transplants, Tissue expansion, Coverage of exposed bone, Closure of large scalp defects.

### 1.3 Mandatory documents- For healthcare providers

Following documents should be uploaded by the concerned hospital staff at the time of pre-authorization and claims submission:

| Mandatory document | Scalp avulsion reconstruction |
|---|---|
| **i. At the time of Pre-authorization** | |
| a. Clinical notes including evaluation findings, indications for the procedure, and planned line of treatment and advice for admission | Yes |
| b. Supporting reports and Clinical photograph. | Yes |
| c. MLC/FIR report (If traumatic) | Yes |
| **ii. At the time of claim submission** | |

| | |
|---|---|
| a. Detailed Indoor Case papers with treatment given | Yes |
| b. Intra procedure clinical photograph (optional) | Yes |
| c. Post procedure clinical photograph of the affected part | Yes |
| d. Detailed procedure/Operative notes | Yes |
| e. Detailed discharge summary | Yes |

## PART II: GUIDELINES FOR PROCESSING TEAM

2.1 **Objective:** To provide guidance to the pre-authorization and claims processing team in ascertaining the medical necessity of procedure carried out vis a vis the patient's medical condition as evidenced by supporting documents/investigation reports etc., in deciding the admissibility and quantum of claim and compliance with mandatory documents by the hospital.

2.2 **Following mandatory documents to be diligently reviewed by the pre-auth / claims processing personnel:**

| **Mandatory document** | **Scalp avulsion reconstruction** |
|---|---|
| **i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD)** | |
| a. Were the Clinical notes including evaluation findings, indications for the procedure, and planned line of treatment and advice for admission submitted? | Yes |
| b. Supporting reports and Clinical photograph submitted? | Yes |
| c. Was the MLC/FIR report (In case of traumatic) submitted? | Yes |
| **ii. At the time of claim processing- For claims processing doctor (CPD)** | |
| a. Was Detailed Indoor case papers with treatment given submitted? | Yes |
| b. Were the Intra procedure clinical photograph submitted? | Yes |
| c. Were the detailed procedure/Operative notes submitted? | Yes |
| d. Was the Post procedure clinical photograph submitted? | Yes |
| e. Was the discharge summary report submitted? | Yes |

## PART III: GUIDELINES FOR IT

3.1 **Objective:** To enable setting up of cross check mechanisms/rule engines within the IT platform (TMS) to ensure compliance with STGs and to prevent fraud / abuse of the Health Benefit Package.

3.2 **Below mentioned are the scenarios where a provision would be built in TMS for pop-ups**:

a. Was the Clinical notes/clinical photograph indicative of need for scalp avulsion reconstruction? Yes

Till the time the functionality is being developed, the processing doctors shall check the above manually.

**References:**


1. Kalra, Gurdayal Singh, Pradeep Goil, and Pranay S. Chakotiya. "Microsurgical reconstruction of major scalp defects following scalp avulsion." Indian journal of plastic surgery: official publication of the Association of Plastic Surgeons of India 46.3 (2013): 486.
2. Oishi, Scott N., and Edward A. Luce. "The difficult scalp and skull wound." Clinics in plastic surgery 22.1 (1995): 51-59.
3. https://emedicine.medscape.com/article/876972-treatment#d11
4. Sabapathy, S. Raja, et al. "Technical considerations in replantation of total scalp avulsions." Journal of Plastic, Reconstructive & Aesthetic Surgery 59.1 (2006): 2-10.